Campaign Finance
OCT 2 6 2010
Campaign Finance
Campaign Finance
THE PROPERTY OF CASE
DAMPE STAMP
Mandatory
Runoff Candidates
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such case, the candidate litures during this period.
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orting day. If the deadline 00 p.m. on the first working
rs
Calendar Year-To-Date
7,900
2,787.32
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, accurate, and complete.
CA. T.

SEND TO: 1. Conditions for Statewish, These district, mutti-country and all inglalative offices should return form to Secretary of State, Elections Division, P. O. Box 196, Jackson, MS 39206 or first to 601-369-1499 or 601

COMMITTEE TO ELECT	Page	of.	
SHEILA SMALLWOOD	.,		

Name	of	Candidate	Ō٢	Committee
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Reporting period_to-18-19

ITEMIZED RECEIPTS

A Source: Corporation CPAC EIndividual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10 / 22/10	\$ 1,000.00
Mailing Address	, ,	\$
1535 LEUA DRIVE JACKSON MS 39716 City, State, Zip Code	1 1	\$
Secs Name of Employer (Required)		\$
ATTORNEY	Aggregate	-
Occupation (Required)	year-to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Oate (Mo., Day, Year)	Amount of each receipt this period
Full name T. Mark Steplace	10 / 22 / 10	\$ 1,000,00
Mailing Address 1535 LEMA DRIVE JACKSON, MS 39216		\$
City, State, Zip Code		\$
Name of Employer (Required)	1 1	\$
ATTORNEY	Anamanta	
Occupation (Required)	Aggregate year-to-date	1,000.00
C. Source: Groporation D PAC C Individual & Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name SHELLA SMALLWOOD	10 / 77 / 10	\$ 4,000.00
Walling Address LOIZ M. MAIN ST., HATTIESBURG MS 34401		\$
City, State, Zip Code	11	\$
Name of Employer (Required)	17,	\$
ATTORNEY	1-'-'-	
Occupation (Required)	Aggregate year-to-date	\$ 4,000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Malling Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

	a .		Committee	no ELEC	-	Page	of
Name	of Candidate	e or Committee	SHELLA SMI	ALLMOND			
Report	ing period	10-18-10	<u></u>	through _	10-74-10		

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
HATTIESBURG AMERICAN		
HATTIESBURGO MS 39401	10/11/10	\$ 1,436.25
Purpose of Disburaement (Optional)	Aggregate	\$
	Year-to-date	1,436.75
PICAYUNE ITEM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/22/10	\$ 570.75
PICAMUNE WES	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
SILV-0-Rama	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 3403 Hardy St. Houng, MS 3940Z	10/21/10	\$ 367.82
City, State, Zip Gode		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 307.82
D. Full name The Colombia Progress	Date (Mo., Day, Year)	Amount of each disbursement this period
The Columbias Progress Mailing Address Storet Columbia MS 39479	10/27/10	477.50
318 Second Street Columbia MS 39479 City, State, Zip Code		5
Purpose of Disbursoment (Optional)	Aggregate Year-to-date	\$ 472.50
E. Full namo	Date (Mo., Day, Year)	Amount of each disbursement this period
Walling Address		S
City, State, Zip Code	_'_'_	s .
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5
- Full name	Date (Mo., Day, Year)	Amount of each diaburaement this perio
Halling Address		S
City, State, Zip Code		S
Purpose of Diebursement (Optional)	Aggregate Year-to-date	S